## **2025 ILLINOIS STATE FAIR Special Events Entry Form**

Contest  Name of Contestant  Address		Date of Event
		Age
		City/Zip
Telephone (Area code) _		
Email:		
Emergency Contact Nan	e & Phone Number/	
Please list all Classes th	at you will be entering, by providing Class Number a Premium Book. Attach additional page as r	
Class Number	Class Description	
contract hereby agree to from any liability for injusted Participant or person their property. The Paindemnify and hold harm parties arising out of the Act, any attendee requirements of the By signing this that I will abide by all agrees.	ged by the parties hereto that Participant and all person indemnify and hold harmless the Department, its uries to the person, whether for bodily injury, sickins performing pursuant to this contract and as to rticipant and all persons performing pursuant to mless the Department, its agents, officers and empere performance of this contract. In accordance with ing a reasonable accommodation should notify us officers, I certify that I have received and read the coplicable rules contained therein, and all other rules cions of the State of Illinois.	s agents, officers and employees ness, mental anguish or death of claims for any damage to any of this contract hereby agree to ployees from any liability to third in the Americans with Disabilities of their needs by August 1st.  Intents of the Premium Book and is relating to the Illinois State Fair
under 20 ILCS 210 and 30 ILCS	e agency is requesting disclosure of information that is necessar 120. Failure to provide this information shall prevent this form Management Center. IL 406-0876 (Rev. 6-04)	y to accomplish the statutory purpose as outlined

## Submit to:

Illinois State Fair Special Events Office P.O. Box 19427 Springfield, Illinois 62794-9427

Or Email the completed form to:  $\underline{\mathsf{ISF.SpecialEvents@Illinois.gov}}$